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## **DECLARATION FOR UTILITY OR** DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

Declaration	
Submitted after Initi	al
Filing (surcharge	٠.
(37 CFR 1.16 (e))	
required)	

Attorney Docket Number	199/1	-
First Named Inventor	Kushwaha	
COMPLETE	IF KNOWN	Ī
Application Number	10 / 670,441	
Filing Date	09/25/2003	Ī
Art Unit		
Examiner Name		1

As the below named inventor, I her	eby declare that:							
My residence, malling address, and c	itizenship are as stated belo	ow next to my name.						
I believe I am the original and first inv	entor of the subject matter v	which is claimed and for v	vhich a patent is sou	ght on the invention entitled:				
DISPLACEMENT AND FORCE SENSOR								
		<u></u>						
the specification of which	Title of the la	nvention)						
is attached hereto		•		·				
OR  X was filed on (MM/DD/YYYY)	OR 00 (05 (2002							
Application Number 10/670,	Application Number 10/670,441 and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed an any amendment specifically referred to		of the above identified spe	cification, including t	he claims, as amended by				
I acknowledge the duty to disclose info applications, material information whice international filing date of the continua	th became available betwee tion-in-part application.	en the filing date of the price	or application and the	e national or PCT				
I hereby dalm foreign priority benefits breeder's rights certificate(s), or 365( States of America, listed below and h breeder's rights certificate(s), or any daimed.	under 35 U.S.C. 119(a)-(d) a) of any PCT international nave also identified below, t	I application which design by checking the box, any	nated at least one c foreign application f	country other than the United for patent in				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
60/414,406	United States	09/30/2002						
Additional foreign application pu	mbore are listed on a supply	emental oriority data chac	PTO/SB/02B attack	had barata:				

[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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Direct all correspondence to: X or Bar Code	1 2	5829		respondence address below
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City		State		ZIP
Country	Telephone			Fax
I hereby declare that all statements made herein of are believed to be true; and further that these state made are punishable by fine or imprisonment, or bo validity of the application or any patent issued thereo	ements were mad eth, under 18 U.S.	a with the kn	lowledge that willful talse	statements and the like so
NAME OF SOLE OR FIRST INVENTOR :	A petiti	on has bee	en filed for this unsig	ned inventor
Given Name (first and middle [if any]) R. La1	·	Family or Su	y Nama rname Kushw	aha
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X Additional inventors are being named on the	_supplemental /	Additional Inv	entor(s) sheet(s) PTO/SB	V02A attached hereto.

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perwork Reduction Act of 1995, no persons are require	ADDITIONAL INVENTOR(S)	
DECLARATION	Supplemental Sheet	Page 2_of 3

lame of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						entor
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## ADDITIONAL INVENTOR(S) **DECLARATION** Supplemental Sheet

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Mailing Address						<del>.,</del>	
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City Medicine Hat State AB Zip T1A 5K4 Country Canada

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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3				
Name of Additional Joint Inventor, if any:		☐ A pe	tition h	nas been filed for this	unsigned inv	rentor	
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Inventor's Signature		Date					
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Mailing Address							
Mailing Address  City	State	)		Zip	Country		

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